| AMENDMENT TRANSMITTAL LETTER | | | | | | Docket No. HOI-12402/16 | |
|---|---|---|-----------------------------------|------------------------|--------------|----------------------------|--|
| Application No. | | Filing Date | | Examiner | | Art Unit | |
| 10/519,025-Conf. #1353 | | December 2, 2004 | | J. W. Drodge | Э | 1723 | |
| oplicant(s): Mar | ina B. Jensen | | | | | | |
| vention: DUAL I | POROSITY FIL | _TER | | | | | |
| | TC | THE COMMI | ISSIONER FO | OR PATENTS | | | |
| ransmitted here | | | | • • | | | |
| he fee has beer | n calculated an | d is transmitte | d as shown b | elow. | | | |
| | | | S AS AMENI | DED | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | | |
| Total Claims | 25 | - 25 = | 0 | x 50.00 | | 0.00 | |
| Independent Claims | 2 | - 3 = | 0 | x 210.00 | | 0.00 | |
| Multiple Depend | dent Claims (ch | eck if applicabl | le) | | | | |
| | | | | | | | |
| Other fee (pleas | se specify): | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | | 0.00 | |
| Large Entity | | | | x Small Entity | | | |
| No additiona | al fee is require | d for this ame | ndment. | | | | |
| Please char | ae Deposit Acc | count No. | ir | n the amount of \$ _ | | | |
| | copy of this she | | | | | | |
| A check in the | ne amount of \$ | <u> </u> | to cover | the filing fee is encl | osed. | | |
| x Payment by | credit card. | | | | | | |
| X The Director | - | norized to char | ge and credit | Deposit Account No | o. <u>07</u> | -1180 | |
| x Credit a | ny overpaymer | nt. | | | | | |
| x Charge a | any additional fil | ing or application | on processing t | fees required under 3 | 7 CFR 1. | 16 and 1.17. | |
| | D. D. | | | 5 | | | |
| /Mark A. Harpe Mark A. Harper | | | | Dated: | July 28 | , 2008 | |
| Attorney/Agent | * | 248 | | | | | |
| GIFFORD, KRA 2701 Troy Cent Post Office Box Troy, Michigan (248) 647-6000 | ter Drive, Suite | | N & CITKOW | SKI, P.C. | | | |
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